

EL Marsh Care Home Ltd

Stoneleigh House

Inspection report

12 Joinings Bank Oldbury West Midlands B68 8QJ
Tel: 01216794364

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

Our inspection was unannounced and took place on 12 August 2015. The inspection was carried out by one inspector. We started our inspection early in the morning so that we could meet and speak with the people who lived there and staff before they went out.

The provider is registered to accommodate and deliver personal care to four people who live with a learning disability or associated need. Two people lived there at the time of our inspection.

At our last inspection in April 2014 the provider was meeting all of the regulations that we assessed.

The manager was registered with us as is required by law. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Where people received support from staff with taking prescribed medicines, this was done in a way that people preferred and minimised any risk to them.

Staff knew the procedures they should follow to ensure the risk of harm to people was reduced.

Staff were available to meet peoples individual needs. Staff received induction training and the day to day support they needed to ensure they did their job safely.

Summary of findings

Although, not all staff had received training they understood the requirements of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). This ensured that people received care in line with their best interests and would not be unlawfully restricted.

Staff supported people with their nutrition and health care needs. We found that people were enabled and encouraged to make decisions about their care and were involved in how their care was planned and delivered.

People were encouraged and were supported to engage in recreational activities and to secure educational input which they enjoyed.

People were encouraged and supported by kind and caring staff to be independent and attend to their own needs when they could.

All people received assessment and treatment when needed from a range of health care professionals including their GP, specialist consultants and nurses which helped to promote their health and well-being.

Systems were in place for people and their relatives to raise their concerns or complaints.

People communicated to us that the quality of service was good. The management of the service was stable. The registered manager and provider undertook regular audits and took action where changes or improvements were needed.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Medicine management was safe. People received their medicine as it had been prescribed by their GP.

Systems were in place to ensure that there were adequate numbers of staff that could meet peoples needs.

Recruitment systems helped to ensure that staff employed were suitable to work in adult social care.

Good



Is the service effective?

The service was effective.

People were satisfied with the service they received.

The service provided was effective and met people's needs safely and in their preferred way.

Staff had some understanding and knowledge regarding the Mental Capacity Act and the Deprivation of Liberty Safeguarding (DoLS). This ensured that people were supported appropriately and they were not unlawfully restricted.

Good



Is the service caring?

The service was caring.

People told us that the staff were kind and caring and we saw that they were.

People's dignity, privacy and independence were promoted and maintained.

Staff were aware of peoples choices and wishes. They helped them with their personal appearance and supported them with this to their satisfaction.

Good



Is the service responsive?

The service was responsive.

People told us that the service provided met their needs.

People's needs and preferences were assessed to ensure that their needs would be met in their preferred way.

Complaints procedures were in place for people and relatives to voice their concerns.

Good



Is the service well-led?

The service was well-led.

There was a leadership structure in place that staff understood. There was a registered manager in post who was supported by a deputy manager.

People we spoke with knew who the registered manager was and felt they could approach them with any problems they had.

Good



Summary of findings

Staff told us that they were supported well by the management team.	
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Stoneleigh House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Our inspection was unannounced and took place on 12 August 2015. The inspection was carried out by one inspector. The service provided support to younger adults who went out into the community everyday. Because of this we started our inspection early morning so that we could meet and speak with the people who lived there and staff before they went out.

We reviewed the information we held about the service. Providers are required by law to notify us about events and incidents that occur; we refer to these as 'notifications'. We looked at the notifications the provider had sent to us. We asked the local authority their views about the service provided. As neither person had relatives we could contact regarding their views on the service provided we tried to contact one person's named worker from their funding authority, without success. We used the information that we had gathered to plan what areas we were going to focus on during our inspection.

We spent time with and spoke with both people who lived at the home. We spoke with two staff, the deputy manager, the registered manager and the provider. We looked at the care files and medicine records for both people, recruitment, training and supervision records for three staff who had been employed within the last year, the training matrix, complaints and safeguarding processes.

Is the service safe?

Our findings

People we spoke with told us that they were protected from abuse. They told us that they had not experienced anything that worried them. A person said, “No I have not been treated badly”. All staff we spoke with told us that they had received training in how to safeguard people from abuse and knew how to recognise the signs of abuse and how to report their concerns. A staff member told us, “I would report to my manager immediately”. We found that the registered manager had reported to us and the local authority any concerns they had and had taken appropriate action to decrease any risks of harm to the people who lived there.

We saw that there were safe systems in place for the storage of people’s money to prevent financial abuse. A person said, “My money is safe. I like it locked away so no one can take it”. We saw that people’s money was kept safely and robust records were maintained to confirm money deposits and money spent. We checked each person’s money against the records and found that it balanced correctly.

People who lived there felt safe. A person told us, “Oh yes, I am safe here”. Staff told us that the people who lived there were safe. We saw that risk assessments had been undertaken to explore any risks and reduce them. The registered manager gave us a detailed account of how they monitored incidents and untoward occurrences. They told us that each case had been discussed with staff teams to see what changes could be made to prevent reoccurrence. This demonstrated that safety practices were in place to ensure that people were not at risk from being injured.

Staff were trained to deal with behaviour that could challenge the service. A staff member said, “I have had training and feel able to manage behaviours”. Staff certificates confirmed that they had received Prevention and Management of Violence and Aggression (PMVA) training. Detailed care plans were in place that highlighted instances that could make people feel distressed. When we asked staff about people’s individual behaviour ‘triggers’ they gave a good account of them and the actions they took to prevent them. This demonstrated that the provider had taken action to keep people safe and reduce risk of injury to people and staff from behaviour that could challenge the service.

People told us that staff gave them their medicine in the way that they preferred. A person who lived there told us that they were happy for staff to look after their medicines. They said, “I don’t mind. They [The staff] always give me my tablets on time. The staff help me I take the tablets myself”. From looking at records and speaking with people who lived there and staff we found that people had been informed about their medicine. We found that people gave day to day consent for staff to give them their medicines. We saw that a lockable facility to store medicine was provided in each person’s bedroom, rather than a communal storage facility, which personalised their medicine to them.

We found that the registered manager regularly checked the medicine administration records to confirm that they had been properly maintained. We saw that there was a running total of all tablets that were checked at least twice a day. We counted the tablets against the number highlighted on the medicine records and found that they balanced correctly. This demonstrated that people received their medicines as they had been prescribed by their doctor.

People’s medicine records highlighted that they had been prescribed some medicine on an ‘as required’ basis. We saw that there were detailed care plans in place to instruct the staff when the medicine should be given. This gave people assurance that their medicine would be given when it was needed and would not be given when it was not needed.

People told us that there were enough staff to meet their needs. A person said, “There are staff to help me and take me out. Staff are taking me to the doctor today”. Staff we spoke with told us that in their view there were enough staff. We observed staff supporting people and saw that there were enough staff to take both people out into the community individually and during the day. Staff told us that they covered each other during holiday time and that there were staff that could be called upon to cover staff absence.

Safe recruitment systems were in place. Staff confirmed that checks had been undertaken before they were allowed to start work. A staff member told us, “I was not allowed to start work until all my checks had been done”. Another staff member said, “I had all my checks done”. We checked three staff recruitment records and saw that pre-employment checks had been carried out. These included the obtaining

Is the service safe?

of references and checks with the Disclosure and Barring Service (DBS). The DBS check would show if a prospective staff member had a criminal record or had been barred from working with adults due to abuse or other concerns. These systems minimised the risk of unsuitable staff being employed. We found that where a staff had declared health

conditions, this had not been explored further to determine any workplace risks, or potential impact of their condition on their ability to work safely. We asked the registered manager about this who told us that they would address the issue.

Is the service effective?

Our findings

People who lived there were happy with the service provided. One person said, “I think it is very good, better than my last place”. Another person said, “Happy”. Staff we spoke with told us in their view the service provided was effective and met people's needs. A staff member said, “I think we provide good care. I worked somewhere else before and the support here is better”.

Staff had induction training and felt supported on a day to day basis. A staff member told us, “I had induction when I started. I went through policies and procedures and had an introduction to people”. Another staff member said, “I had a good induction. We did training and went through procedures”. Staff files that we looked at held documentary evidence to demonstrate that induction processes were in place. We saw evidence to confirm that the provider had introduced the new ‘Care Certificate’. The care certificate is an identified set of standards that care staff should adhere to when carrying out their work. Staff also told us and records that we looked at confirmed that staff had regular supervision sessions. These sessions concentrated on staff members work and performance and gave staff the opportunity to raise issues if they needed to.

A staff member told us, “I feel able and confident to do my job”. Staff we spoke with confirmed that they had received all of the training they needed. The training matrix and staff files we looked at confirmed that staff had received most of the mandatory and specialist training for their role which would ensure they could meet people's individual needs. The provider told us that a course for first aid was being arranged for the near future.

A person told us, “I do what I want to and I can go out when I want to”. We found by speaking with staff that their knowledge of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguarding (DoLS) varied. DoLS are part of the MCA they aim to make sure that people in care homes are looked after in a way that does not inappropriately restrict their freedom. The training matrix and staff training certificates that we looked at did not confirm that all staff had received MCA or DoLS training. The provider informed us that training was being arranged for all staff. Although, some staff had some understanding

of these topics generally their knowledge was limited. However, when we asked staff knew that they should not restrict people's freedom of movement in any way and that it was important for them to offer people everyday choices.

People told us that staff always asked their permission before undertaking tasks or providing support and care. A person said, “The staff ask me before doing things”. Staff we spoke with understood the importance of asking people's permission before they provided support. A staff member said, “We always ask people if they would mind us doing something for them and if it is alright”. Our observations confirmed this. We heard staff explaining to a person that they were taking them out and where they were going. We saw that the person got the items they needed to go out and willingly and happily went with the staff.

Staff ensured that people were offered the food and drink that they preferred. A person told us, “We always choose what we want to eat”. We looked at people's care plans and saw that their food and drink likes, dislikes and risks had been determined. There were instructions for staff to follow in the care plans to ensure that people were supported effectively. A care plan highlighted that a person was at risk of choking when eating. Staff we asked were aware of what was written in the care plan and what they needed to do to reduce any risk. We found that people had been referred to the dietician for advice regarding healthy eating. Staff had followed the dietician's recommendations and encouraged people to eat a healthy diet. As a result both people had intentionally lost weight which was the goal. A person said, “I have lost weight which is good”.

Staff supported people to access health and social care appointments. A person said, “I am going to the doctor today for a blood test”. Records we looked at confirmed that where staff had a concern they referred these to the person's doctor. Records that we looked at and staff we spoke with confirmed that people went for foot care appointments and to the dentist. However, we did not find evidence to confirm that people were offered an annual flu vaccine. We discussed this with the registered manager and provider who gave us some account why the flu vaccines had not been offered and told us that they would pursue this further.

Is the service caring?

Our findings

People we spoke with were happy with the staff. A person told, “The staff are kind”. Another person said, “Nice” [Their description of the staff]. We observed that staff were friendly towards both people. We heard staff asking people how they were and showing an interest in what they were doing that day. A staff member told us, “We are good here, all very caring”.

People told us that they could spend time alone reading or watching the television when they wanted to. People also confirmed to us that staff were always polite and knocked their doors before entering their room. Staff we spoke with gave us a good account of how they promoted people's privacy and dignity. They gave examples of giving people personal space and ensuring doors and curtains were closed when supporting people with their personal care.

Staff encouraged and enabled people to be independent. A person said, “I do things for myself. I do cleaning and cooking”. On the day of our inspection a person was going out to do ‘transport training’. They told us, “I go out with the staff and they help me to know how to use the bus. It is good”. Records that we looked at confirmed that both people were encouraged to undertake a range of daily living tasks which was confirmed by staff we spoke with. Staff we spoke with all told us that they only supported people to do things that they could not do. A staff member said, “This home is to encourage people to do what they can so that they may be able to live independently in the future”.

Staff knew that people liked to dress in their preferred way. People told us that they selected their own clothes to wear each day. A person said, “Oh yes I always wear what I have chosen. I buy my own clothes as well”. A care plan we looked at highlighted what one person liked to wear. We saw that the person was wearing the clothing that was described in the care plan.

People confirmed that staff communicated with them in a way that they understood. A person said, “I understand what the staff say”. Care plans that we looked at highlighted how people communicated best. Our observations during our inspection demonstrated good communication between staff and the people who lived there. We saw that staff spoke with people verbally and by using people's individual ‘adapted signage’ (hand and body gestures). We observed that staff and people understood what the other was communicating. When staff spoke with one person they responded appropriately to what had been said. Another person nodded and carried out the task that the staff member had discussed with them which confirmed their understanding.

The registered manager told us and we saw records to confirm that if people were unable to make decisions a social worker or an independent person (an advocate) would be secured to assist them.

Staff we spoke with told us that they knew that they should not discuss people's circumstances with anyone else unless there was a need to protect their health and welfare (such as social workers or the person's GP). Staff records that we looked at confirmed that staff had read the provider's confidentiality policy.

Is the service responsive?

Our findings

One person told us, “The staff asked me lots of questions and I came and looked around here before I stayed here”. The registered manager told us and records that we looked at confirmed that prior to people living there an assessment of need was carried out. This involved the person and/or their relative or social services staff to identify their individual needs, personal preferences and any risks. Staff told us that following the assessment of need each person would be offered the opportunity to visit the home and spend time there for a meal and overnight stay. This would allow the person to decide if the home would be suitable for them.

A person said, “I know where my care plan is, do you want to look at it”? People who lived there were aware that care plans were in place and they told us that they had been involved in the production of their care plans. They also told us that they were involved in meetings and reviews to make sure that they could say how they wanted to be supported. The care plans that we looked at captured peoples needs and preferences to ensure that they were looked after in the way that they wanted to be. A person said, “I am happy with things”.

A person said, “The staff know what I like and don’t like”. Care records that we looked at contained a history of each person. Documents highlighted important things about each person including their family members, where they lived previously, what they liked and did not like. We read this information and asked staff about individual people. Staff had a good knowledge of what was written in the documents. A staff member said, “We [The staff] know the people who live here well. It is a small resident group and we work with them every day. They soon tell us if they want something”.

People could be supported to attend religious services if they wanted to. A person said, “I can go [To a religious service] but I don’t want to”. Records that we looked at confirmed that people had been asked about their preferred faith and if they wanted to follow this. Staff we spoke with confirmed that the people at the present time did not want to follow their faith but enjoyed celebrating Easter and Christmas.

A person told us, “I am going back to college and I do training with the staff”. People we spoke with confirmed that they were supported by staff to enjoy their chosen individual leisure time pursuits and to attend educational facilities. Both people were in the process of enrolling for college to start in September 2015. One person said, “I went to college last year. I like it. This year I am doing something different”. Staff told us and a person confirmed that they worked an hour a week at a local garage and enjoyed that. People, staff and records confirmed that the people who lived there accessed the community every day. One person said, “I go out every day”. Both people enjoyed sport and engaged in sporting activities at local leisure and sports centres.

People told us that staff asked them about their care. We saw completed surveys on care files. The overall feedback was positive and confirmed that people were satisfied with the service.

People told us that they were aware of the complaints procedure. One person said, “I know all about it. The staff have told me. I would tell staff if I had a complaint. The complaints book is there”. They pointed to where the complaints procedure was displayed. We saw the complaints procedure had been produced in words and pictures to make it easier for people to understand. We looked at complaints that had been recorded. We saw that the complaints had been logged and an action made against each one to resolve the issue.

Is the service well-led?

Our findings

A person told us, “I think it is good here”. Another person said, “Happy”. Staff we spoke with were positive about the service and told us that in their view it was well led.

The provider had a leadership structure that staff understood. There was a registered manager in post who was supported by a deputy manager. People we spoke with knew who the registered manager and provider were and felt they could approach them with any problems they had. A person told us, “If there things I did not like I would tell the manager”. The registered manager made themselves available and was visible within the service and the provider was actively involved in the running of the service. Our conversations with the registered manager and provider confirmed that they knew people who lived there well.

A person said, “The staff ask me things and if I want things changed they do”. Staff we spoke with and records that we looked at confirmed that the provider ensured that meetings were held and surveys were used to determine peoples satisfaction. The feedback from these were positive and indicated that people could ask for changes to be made to their support plans and daily routines.

The provider had developed and implemented a range of monitoring systems which ensured that people received a safe, quality service. Audits were planned throughout the year and we saw records to confirm that those relating

medicine and the safekeeping of peoples money were carried out frequently. Staff told us and records confirmed that managers regularly undertook ‘spot checks’ of staff work. We saw from staff meeting minutes that where shortfalls were identified this was discussed with staff to ensure that action was taken to address any issues.

A person said, “The staff are good and do what they should”. Our conversation with the people who lived there confirmed that the staff were well led and worked to a good standard. Staff told us that they felt supported by the registered manager and provider. A staff member told us, “I feel very well supported by the managers. We can contact them for advice at any time”. Another staff member said, “We have meetings regularly where we are given information and can raise any issues”. We looked at a selection of staff meeting minutes and found that the meetings were held regularly. Staff also told us that the service was well organised, and that they were clear about what was expected from them.

The staff we spoke with gave us a good account of what they would do if they were worried by anything or witnessed bad practice. One staff member said, “If I saw anything I was concerned about I would report it to the manager. We have policies and procedures regarding whistle blowing”. We saw that a whistle blowing procedure was in place for staff to follow. This demonstrated that staff knew of the processes that they should follow if they had concerns or witnessed bad practice.